



DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES

Policy No.: DOC 1.5.1	Subject: ADULT OFFENDER GOOD TIME ALLOWANCE AND COMPUTATION OF TIME SERVED	
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Section 5: Case Records/Good Time	Revision Date: 6/15/96; 7/17/97; 8/17/00; 9/8/00; 6/01/01; 11/15/01; 6/12/02	
Signature: /s/ Bill Slaughter	Effective Date: April 13, 1995	

I. POLICY:

It is the policy of the Department of Corrections to grant an appropriate good time allowance for offenders who committed offenses prior to January 31, 1997 pursuant to MCA § 53-30-105 (repealed). The good time allowance provides a credit on the sentence that the district court imposed on the offender. It is also the policy of the Department to revoke previously granted good time credits in accordance with Department policy 3.4.1, Adult Facility Discipline.

II. IMPLEMENTATION:

This policy was revised on July 12, 2002.

III. AUTHORITY:

2-15-112, MCA. Duties and Powers of Department Heads
53-1-203, MCA. Powers and Duties of Department of Corrections
53-30-105, MCA. Good time Allowance (repeal effective 1/31/97)

IV. DEFINITIONS:

Appropriate Good Time Credit means the amount of good time appropriate under the policy in effect at the time the offender earned the credit.

Discharge Date means the date on which the offender finishes a prison, Department of Corrections or Department of Public Health and Human Services term of incarceration or parole.

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Eligible Offender means an offender who committed an offense prior to January 31, 1997, and whom a court sentenced to Montana State Prison, the Montana Women's Prison, the Department of Public Health and Human Services (DPHHS) or the Department of Corrections (DOC). An eligible offender is serving the sentence of imprisonment, or commitment, or is on parole for the offense.

Good Time Credit means the number of days the offender may receive as a credit on his sentence.

V. PROCEDURES:

A. Eligibility

1. The good time allowance is available for eligible offenders during the time the offender is serving time on a prison sentence, a DPHHS commitment, or a DOC commitment. The good time allowance is available wherever the offender serves the sentence.
2. The good time allowance is available to eligible offenders for time the offender serves in jail before sentencing if a magistrate or judge set bond and the offender did not post it.
3. The Department may not award an eligible offender more than one day of good time credit for each day the offender serves.

B. Offenders Not Eligible for Good Time Credits

1. Offenders participating in the Treasure State Correctional Training Center or Intensive Challenge Program may not earn good time credits.
2. An eligible offender may not earn good time credits while he/she serves probationary time on a deferred or suspended sentence.

C. Computation of Good Time Credits

1. The Department will credit an eligible offender with appropriate good time credits from the date the court sentences the offender.

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2. The Department will credit an eligible offender with appropriate good time credits for all the time the offender spent in jail before sentencing. These good time credits will be based on the amount of jail credit the sentencing court has ordered the offender to receive.
 3. The Department will award any good time credits that a court orders the Department to give an offender.
 4. When the Department calculates the offender's discharge date:
 - the Department will first calculate the maximum date the offender would stay in prison if the offender did not earn any good time credits; and then
 - the Department will subtract the good time credits from this maximum sentence date.
 5. For the purposes of good time credit for pre-sentence jail time, an offender who was incarcerated in a county jail before April 12, 1995, was a close custody inmate. The Department will award good time credits commensurate with close custody status (ten days a month).
 6. If an eligible offender escapes custody or absconds from parole supervision, the Department will cease calculating good time credit to reduce the offender's sentence until the offender is returned to custody. The amount of good time the offender receives or forfeits will depend on the results of the due process disciplinary hearing the Department conducts when the offender is returned to Department custody.
- D. Forfeiture/Restoration of Good Time
1. The Wardens, Disciplinary Hearings Officers, Regional Administrators, or Probation and Parole Hearings Officers may, **after a hearing for an eligible offender**, recommend to the Department Director that the offender **forfeit** any or all previously earned good time credits.

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2. A Warden or the Community Corrections Division Administrator may recommend that the Director restore any or all good time credits the offender previously forfeited, if the offender maintains good behavior.
3. The Director, or a designee, must approve the forfeiture and/or restoration of good time credits.
4. The following procedures will be followed for an offender to be eligible for the restoration of good time credits:
 - a. The offender must request the restoration from the Unit Manager or Supervising Officer.
 - b. The Unit Manager or Supervising Officer will fill out Attachment A and make a recommendation to:
 - the Warden of Montana State Prison or Montana Women's Prison (if the offender is in a secured facility); or the
 - Community Corrections Division Administrator (if the offender is in pre-release, Intensive Supervision Program, or on parole).
 - c. The Warden or Division Administrator will forward Attachment A, with a recommendation, to the Director.
 - d. The Director will determine whether to restore an offender's forfeited good time credits.

E. Offender Procedure to Challenge Sentence Calculation

An offender who believes the Department has not properly calculated his/her sentence discharge date must pursue the following procedure:

1. First, the offender must submit a written request to the prison records' department and to the Department Legal Services Bureau, utilizing Attachment B. In this request, the offender must specify how, in the offender's opinion, the Department has not correctly calculated the sentence discharge date.

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2. The prison records' department, in conjunction with the Department Legal Services Bureau, will respond to the offender's request according to the offender's discharge date. Requests from offenders with earlier discharge dates will be given priority.

3. If the offender is not satisfied with the Department's response, then the offender may initiate habeas corpus litigation in the appropriate court.

VI. CLOSING: Questions concerning this policy should be referred to the Director/Warden/Community Corrections Division Administrator or to the Department's Legal Counsel.



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS

APPLICATION FOR RESTORATION OF FORFEITED
GOOD-TIME

I. In accordance with MCA 53-30-105(4) and Department Policy 1.5.1:

I, _____ (NAME), _____ (POSITION/TITLE)

of the _____ (FACILITY/REGION),

Hereby request that the Director of the Department of Corrections authorize the restoration of

_____ days of previously forfeited Good-time for _____ (Offender Name)

_____ (DOC ID Number).

The offender meets the following criteria in considering a restoration of good time:

A. Clear conduct for a minimum of one year (no major or severe infractions);

B. Has demonstrated a commitment to change through completion of, or enrollment in, recommended or court ordered treatment, work or skill programs; and

C. Has positive ratings from either work and/or housing unit team.

(EMPLOYEE SIGNATURE)

(date)

II. Warden/Division Administrator, or designee

I hereby disapprove _____ (initial)

I hereby approve _____ (initial)

the restoration of _____ days of Good-time.

(signature)

(date)

III. Final Disposition- Director of Department of Corrections

I hereby disapprove _____ (initial)

I hereby approve _____ (initial)

The restoration of _____ days of previously forfeited Good-time for:

Offender Name: _____

DOC ID Number: _____

Additional comments:

(signature)

(date)

Cc: Records; Offender



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS

APPLICATION TO CHALLENGE SENTENCE CALCULATION

I, _____ (Offender Name) _____ (DOC ID Number)
of _____ (FACILITY/REGION),

hereby request a recalculation of my sentence discharge date.

I request this recalculation for the following reason(s):

(OFFENDER SIGNATURE) (date)

RECEIVED BY RECORDS DEPARTMENT ON:

RECEIVED BY DEPARTMENT LEGAL SERVICES BUREAU ON:

DATE OF RESPONSE:

SIGNATURE OF RESPONDENT:

Cc original request: Department Legal Services Bureau; Offender; Records

Cc final response: Offender; Records